of Csifornia—Health and Welfare Agency Approved OMB No. 2050—0039 (Expires 9-30-88) a print or type. (Form designed for use on elite (1	05/27/88 2-pitch typewriter).	Ship	her	To		Iment of Health S stances Control I Sacramento, C
UNIFORM HAZARDOUS	Generator's US EPA ID No.	Manifest ocument No	2. Page f. of	100		the shaded are by Federal lar
3 Generator's Name and Mailing Address Para Plate			A. State Man	itest Docum		
15910 Shoemaker, Cer.	ritos. CA 90701			<u>8 / 1 1</u>	88.	13 U
. <u>.</u>			B. State Gen	erator a 10		
			C. State Tran	enerier's ID	<u> </u>	04880
5. Transporter 1 Company Name Omega Recovery Servi			D. Transporte			698-099
7. Transporter 2 Company Name	8. US EPA ID Number		E. State Tran			7.757 - 3861-34
		1 1 1	F. Transporte	r's Phone	<del></del>	
9. Designated Facility Name and Site Address Omega Recovery Servi	10. US EPA ID Number	<del></del> r	G. State Faci	ility's ID		
			CIAIDI	042	44	5001
12504 E. Whittier Bl	C AD 042 245 (	100	H. Faculty's f			
Whittier, CA 90602			70 Z J J	0 P O 0 2	,	
11. US DOT Description (Including Proper Shipp	an Name Harard Class and ID Number	12. Conta		Total Ouantity	14. Unit	Waste No
11. ba bot bescription (including Proper Shipp	ng Name, nazaro Class, and iD Number)	No.	Туре	Caeminy	Wt/Vol	
a. Waste ORM-A NOS	NA 9189 ORM-A					Sigt 1
(Flexosolvent)		002	DM >	0.55	G	EPA/Other
			1 00	10100		760 /A
b			1			State
						EPA/Other
5.						State
<b>c</b> .						272
		1				EPA/Other
d.		_				State
						70
	,	111		1 1 1		EPA/Other
J. Additional Descriptions for Materials Listed A	pove	<del></del>	K. Handling C	odes for We	stes Li	sted Above
			01		7	
			C.	<del></del>	d.	
	•					
15. Special Handling Instructions and Additional	ntormation		<u> </u>	t		
₹						
16		·····				
	y declare that the contents of this consignme					
name and are classified, packed, marked international and national government regu	, and labeled, and are in all respects in pro- lations.	per condition	tor transport	by nighway	accord	лид то аррисав
If I am a large quantity generator, I certify	that I have a program in place to reduce the and that I have selected the practicable in	e volume and	toxicity of was	ste generat	ed to th	he degree I hav
me which minimizes the present and future	e threat to human health and the environmer	nt; OR, if I am	a small quan	tity generat	or, I ha	ive made a god
faith effort to minimize my waste generation	n and select the best waste management me	etnod that is a	vailable to me	and that I	can affo	
Printed/Typed Name	Signature	1/	-17			Month Day
Jony Skralulia	1 on	1 Her	alvera			10/6/01/1
7. Transporter 1 Acknowledgement of Receipt				<del></del>		
Printed/Typed Name	Signature		. /	(/_ /)		Month Day
+244C ~ 00ds	Ur Vico	stic L	1/01/11	77/	1	IQ Ø GTET
18. Transporter 2 Acknowledgement of Receipt					<del></del>	Month Day
Printed Typed Name	Signature			*		Month Day
O Dioronago Indication Con-						
19. Discrepancy Indication Space						
20. Facility Owner or Operator Certification of re	ceipt of hazardous materials covered by this ma	nifest except a	s noted in Item	1 19.	····	
Printed/Typed Name	Signature	1	<del>/)</del>	1		Month Day
FORNK FORN		1.	مرح	12		10601

DHS 8022 A (1/87) EPA 8700—22 (Rev. 9-86) Previous editions are obsolute.

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK